SERIAL NO. FILING DATE APPLICANT(S) **CLAIMS ONLY CLAIMS** AFTER, 1st AMENDMENT AFTER **AS FILED** 2nd AMENDMENT DEP. IND. DEP. IND. DEP. DEP. IND. IND. OEP. IND. DEP. j . TOTAL IND. TOTAL IND. TOTAL 46 TOTAL 50 TOTAL DEP. * MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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